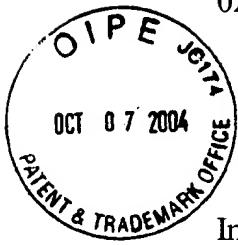


02355.011109

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:  
Yukio SAKAGAWA, ET AL.  
Application No.: 09/512,836  
Filed: February 25, 2000  
For: IMAGE PROCESSING METHOD  
AND APPARATUS

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Examiner: D. Harvey  
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Group Art Unit: 2614  
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For: October 7, 2004  
:  
Technology Center 2600

**RECEIVED**

OCT 12 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated July 7, 2004, please amend the application as indicated below.

In re Application of:

Yukio SAKAGAWA, ET AL

Application No.: 09/512,836

Filed: February 25, 2000

For: IMAGE PROCESSING METHOD  
AND APPARATUS

Docket No. 02355.011109

Examiner: D. Harvey

Group Art Unit: 2614

Date: October 7, 2004

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	73	MINUS	74	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	17	MINUS	18	= 0	x \$44 \$88	\$0.00
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$\_\_\_\_\_ is enclosed.

Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$\_\_\_\_ to cover the fee for a \_\_\_\_ month extension is enclosed.

A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,



Attorney for Applicants  
Brian L. Klock  
Registration No. 36,570

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

BLK/lmj

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